

Low Income Health Program

LETTER OF INTEREST (Voluntary and Non-binding)

Due: January 24, 2011

The Department of Health Care Services (DHCS) is interested in knowing the number of applicants that intend to submit an application for the Low Income Health Program (LIHP). This voluntary Letter of Interest will help DHCS to determine the staffing needs for the application review process and to identify the contact person for each application. Please indicate your intention in submitting an application by completing this form and returning it to DHCS.

Proposed Applicant:
Name of Contact Person:
Title of Contact Person:
Address:
Telephone:
Fax:
E-mail:

Please e-mail to: LIHP@dhcs.ca.gov

Or fax to: (916) 552-9139